

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-MAR-2012		TIME 20:35:00	2. ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644				3. LOCATION CODE 304		4. BEAT/OCCUR 1532																																																																																																																								
MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	5. POSITION 9161	6. LAST NAME PETRENKO	7. FIRST NAME THOMAS E	8. STAR NO. 13458	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE WHI	11. AGE 602	12. HT 178	13. WT.																																																																																																																								
	14. DATE OF APPT. 19-JUN-2000	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 015 1556	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																											
	20. LAST NAME CARTER		21. FIRST NAME LEEVON	22. M.L. <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX <input checked="" type="checkbox"/> BLK	24. RACE <input checked="" type="checkbox"/> BLK	25. D.O.B. [REDACTED]	26. HT 601	27. WT. 186																																																																																																																								
	28. ADDRESS COOK COUNTY HOSPITAL - STROGER HOS		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																											
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? E/R STAFF	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 12345678	IR NO. [REDACTED]	DNA																																																																																																																									
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49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.																																																																																																																									
BER060806		626065		[REDACTED]		[REDACTED]		[REDACTED]																																																																																																																									
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED																																																																																																																									
[REDACTED]		[REDACTED]		Department Issued		1		5																																																																																																																									
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																																																																																																																									
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) KEVLAR VEST		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																																																																																																																									
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) RUNNING		70. DATE REVIEWED 15-MAR-2012 07:50:32		71. TIME 1052578		72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. OIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) PETRENKO, THOMAS E 15-MAR-2012 07:48:54																																																																																																																									
74. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO		STAR NO. 2594		SIGNATURE [REDACTED]		75. SIGNATURE [REDACTED]		76. DATE REVIEWED 15-MAR-2012 07:50:32																																																																																																																									

1207418736
REVENGE
11-RD-NOD

HV197819

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
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Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer's actions were in compliance with our policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
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LOG NO./CRNO. _____ OBTAINED _____

78. WATCH COMMANDER/OCIC (Print Name) ESCALANTE, JOHN J	SIGNATURE 	DATE COMPLETED 15-MAR-2012 08:00:16	TIME
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRRs THIS EVENT No.
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> CR INITIATION REPORT	5
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		